

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/518044</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
✓	Filing			\$ 100							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 100							
10 REASON:		8 TO BE REFUNDED BY:									
✓	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">5</td> <td style="width: 20px;">2</td> </tr> </table>			0	3	--	1	9	5	2
0	3	--	1	9	5	2					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>John Anderson</u>			TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>Jhr Anderson</u>			PHONE: <u>308-9140 x 24</u>								
OFFICE: <u>PCT DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____			DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: